

**Provider Type 17, Specialty 196, Special Clinic,
Early Intervention
Reimbursement Rates**

Date of last rate review: 11/2016

A rate review may or may not result in a change to the reimbursement rate.

The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.

Note:

Procedure codes with a rate of \$0.00 are reimbursed at 62% of Usual and Customary charges unless noted otherwise in Nevada Medicaid policy.

"J" and "Q" codes with a rate of \$0.00 and that do not require an NDC number when billed are reimbursed at 85% of AWP unless noted otherwise in Nevada Medicaid policy.

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Proc Code	Description	Mod	Rate	Rate Begin Date
92605	Ex for nonspeech device rx		61.16	12/1/2012
99201	Office/outpatient visit new		21.01	1/1/1980
99202	Office/outpatient visit new		38.09	1/1/1980
99203	Office/outpatient visit new		57.13	1/1/1980
99204	Office/outpatient visit new		80.99	1/1/1980
99205	Office/outpatient visit new		102.88	1/1/1980
99211	Office/outpatient visit est		12.70	1/1/1980
99212	Office/outpatient visit est		22.55	1/1/1980
99213	Office/outpatient visit est		31.30	1/1/1980
99214	Office/outpatient visit est		48.81	1/1/1980
99215	Office/outpatient visit est		71.80	1/1/1980
Q3014	TELEHEALTH FACILITY FEE		24.24	12/1/2015

